## Application Data Sh t

## Application Information

Application Type::

Subject Matter:: Suggested Group Art Unit::

CD-ROM or CD-R?:: Sequence submission?::

Computer Readable Form (CRF)?::

Title::

Attorney Docket Number::

Request for Early Publication?:: Request for Non-Publication?:: Small Entity?::

Petition included?::

Secrecy Order in Parent Appl.?::

Regular

Utility

N/A None None

LOW ADHESION ADDITIVE

FCW-006

No No

No

No No

No

## **Applicant Information**

Applicant Authority Type::

Primary Citizenship Country::

Status::

Given Name:: Middle Name:: Family Name::

City of Residence::

State or Province of Residence::

Country of Residence:: Street of mailing address::

City of mailing address::

State or Province of mailing address:: Postal or Zip Code of mailing address::

Applicant Authority Type::

Primary Citizenship Country::

Status::

Given Name:: Middle Name:: Family Name::

City of Residence::

State or Province of Residence::

Country of Residence::

Street of mailing address:: City of mailing address::

State or Province of mailing address:: Postal or Zip Code of mailing address::

**Applicant Authority Type:: Primary Citizenship Country::** 

US

50158

Inventor

US

**Full Capacity** 

Michel Ken

Lovell Marshalltown

US

IA

2405 New Salem Road Marshalltown

IA 50158

Inventor

US

**Full Capacity** 

Ted Dennis Grabau

IA

Marshalltown

US 2365 Oak Park Road

Marshalltown IA

Inventor

Status:: Full Capacity

Given Name:: Wilbur
Middle Name:: Dean
Family Name:: Hutchens
City of Residence:: Marshalltown

State or Province of Residence:: IA Country of Residence:: US

Street of mailing address:: 2207 Wakefield Drive

City of mailing address:: Marshalltown

State or Province of mailing address:: IA
Postal or Zip Code of mailing address:: 50158

Applicant Authority Type:: Inventor Primary Citizenship Country:: US

Status:: Full Capacity

Given Name::

Middle Name::

Family Name::

City of Residence::

Jason

Gene

Olberding

Marshalltown

State or Province of Residence:: IA Country of Residence:: US

Street of mailing address:: 1804 Edgebrook Drive

City of mailing address:: Marshalltown

State or Province of mailing address:: IA
Postal or Zip Code of mailing address:: 50158

Applicant Authority Type:: Inventor Primary Citizenship Country:: US

Status:: Full Capacity

Given Name::

Middle Name::
Chester
Family Name::
City of Residence::
State or Province of Residence::
CT
Country of Residence::
US

Street of mailing address:: 8 Indigo Street

City of mailing address::

State or Province of mailing address::

CT

Postal or Zip Code of mailing address::

06355

**Correspondence Information** 

Correspondence Customer Number:: 00959

Representative Information

Representative Customer Number:: 00959

## **Assignee Information**

Assignee name::

FISHER CONTROLS INTERNATIONAL

Street of mailing address::

205 South Center Street

Marshalltown

City of mailing address:: State or Province of mailing address::

IA

Postal or Zip Code of mailing address::

50158